PTO/SB/06 (08-03)

Approved for use through 7/31/2008, OMB 0531-0032
U.S. Patent and Trademanh Office; U.S. DEPARTMENT OF COMMERCE Under the Peperhadic Reduction Act of 1935, no persons are required to respond to a collection of information unless it displays a valid CMB control number 643,80 PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I SWALL ENTITY OR' SMALL ENTITY (Caturan 1) (Cottons 2) FOR MUMBER FILED HUMBER EXTRA RATE RATE FEE FEE BASIC FEE (37 CFR 1.10(a)) OR YOTAL CLAIMS x ,25. x :<u>.5</u>Q∙ (37 OFR 1.18(c)) mhon 20 a OR DOEPENDENT CLAUS 1 1 100 · x +200-(D) CFR 1.15(b)) OR .340. .180. MARTIPLE DEPENDENT CLASM PRESENT (37 CFR 1.18(d)) OR * 6 the difference in column 1 is less than zero, enter "t" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN 697.05 OR SMALL ENTITY SMALL ENTITY (Column 2) (Cotumn 3) CLAINS HOGHEST ⋖ REMADING AFTER NUMBER PREVIOUSLY ADDI-TIONAL ADDI-TIONAL PRESENT RATE RATE EXTRA . **AMENDMENT** AMENDMENT PAID FOR FEE FEE Total CP CFR 1.10(4) Minus 46 OR Minus CO OFFI LIBERS OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 OFR 1,10(d)) + 3 OR TOTAL / TOTAL 9 ð OR 11-22-06 (Column 1) (Cotumn 2) HIGHEST CLAHAS 8 RATE REMAINING RATE ADDI ADOL NUMBER TIONAL TIONAL PREVIOUSLY **EXTRA** AMENDMENT PAID FOR 竝 Minus ENDM Total (CF CF R 1.15(cf) 20 x s OR prospendeni prospendeni 2/ FIRST PRESENTATION OF MAINTPLE DEPENDENT CLAIM (07 OFR 1.16(d)) ٠. OR TOTAL TOTAL ADD'L FEE **O**R ADO'L FEE (Cotumn 2) (Cotumn 1) CLAPAS HIGHEST O PRESENT RATE RATE REMADING NUMBER ADD)-ADDI AFTER PREVIOUSLY EXTRA TIONAL TRONAL ENOMENT PAID FOR AMENDMENT FEE FEE Mous (012) (D) (D) (1,14(4) 51 OR

* If the entry in column 1 is tess than the entry in column 2, write "O" in column 3.

Minnes

FIRST PRESENTATION OF MAILTIPLE DEPENDENT QUARM (STOFR 1,18(d))

tridependent ppr cFR 1,44pg

"If the entity in column 1 is tests than the entity in column 2, write "U in column 1."

"If the "Highest Number Previously Paid For" IN THIS SPACE to less than 3, enter "20",

"If the "Highest Number Previously Paid For" IN THIS SPACE to less than 3, enter "20",

This "Highest Number Previously Paid For" (Total or tridepanders) is the highest number found in the appropriate box in column 1.

This collection of information for required by 37 CFR 1.16. The information to required to obtain or retain a benefit by the public which is to (its (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Thus will vary depending upon the individual case. Any comments on the armost of time you require to complete this form saider suggestions for regularing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22313-1450.

x s

+ 8

TOTAL

ADD'L FEE

OR

OR

OR

X S

TOTAL

ADD'L FEE

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.